. As a below named inventor, I hereby declare

My residence, post office address and citizen stated below next to my name.

that: 2 4 2000

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Methods of Constructing And Screening A DNA Library of Interest In
Filamentous Fungal Cells
the specification of which (check only one item below):
[] is attached hereto
[X] was filed as United States application
Application No. 09/426,038
on <u>October 25, 1999</u>
and was amended
on
[] was filed as PCT international application
Number
on,
and was amended under PCT Article 19
on

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code, §119 of any provisional or foreign applications(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR U.S. PROVISIONAL/FOREIGN/PCT APPLICATION(S)	AND ANY PRIORITY C	LAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119		
DK	PA 1998 01375	26 October 1998	[x] YES [] NO		
DK	PA 1999 00718	25 May 1999	[x] YES [] NO		
			[] YES [] NO		
			[] YES [] NO		
			[] YES [] NO		
			[] YES [] NO		

COMBINED DECLARATION FOR PATEN PPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ney's Docket Number: 19.210-US

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this applications is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	. <u> </u>	PRIOR U.S	. APPLICATIONS		NATIONAL APPLICATIONS DESIGN NDER 35 U.S.C. 120:	ATING II	ne U.S. F	OR BENEFIT	<u> </u>	
U.S. APPLICATIONS				STATUS (Check one)						
	U.S. APPL	ICATION N	JMBER	·	U.S. FILING DATE	Pa	tented	Pending	Abandoned	
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		PCT	APPLICATIONS D	ESIGNATING TH	E U.S.					
APPLICATION NO. FILING		G DATE US SERIAL NUMBER ASSIGNED (if any)								
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Steve T. Zelson Elias J. Lambiris Valeta A. Gregg Carol E. Rozek Robert L. Starnes Reza Green Reg. No. 30,335 Reg. No. 33,728 Reg. No. 35,127 Reg. No. 36,993 Reg. No. 41,324 Req. No. 38,475										
Send Correspondence to: Steve T. Zelson, Esq. Novo Nordisk of North Amer 405 Lexington Avenue, Suit			of North Ameri Avenue, Suite	6400	Direct Telephone Calls To: Steve T. Zelson (212) 867-0123		n			
1	Full Name of Inventor							Second Given Name		
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2	Full Name of Inventor	Family Name			Pirst Given Name		Second Given Name			
	Residence & Citizenship	City			State or Foreign Country		Country of Citizenship			
	Post Office Address	Post Office Address		City		State & Zip Code/Country				
3	Full Name of Inventor	Pamily Name			First Given Name S		Second Give	Second Given Name		
	Residence & Citizenship	City			State or Foreign Country Co		Country of	Country of Citizenship		
	Post Office Address	Post Office Address			City		State & Zip Code/Country			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.										
8ignat	Signature of Inventor 1 ODDEV incl		ntor 2 Signature of Inventor 3		3					
Date 23 PCC 99.				Date						